U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/43 9	2. Fiscal Year Covered From:			
~ · · · · · · · · · · · · · · · · · · ·	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Frank W Petkiewich	Name Carpenters Local 40			
	Labor Organization File Number 006-252			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 67 Moreland Street	Street 10 Holworthy Street			
City Winterhill	City Cambridge			
State Massachusetts ZIP Code + 4 02145	State Massachusetts ZIP Code + 4 02138			
5. Position in labor organization.  Recording Secretary				
(except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):  , or derived income or other economic benefit of zation represents or is actively seeking to represent.			
(except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	exclusions set forth in the instructions):			
(except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organia  6. Name and address of Employer (including trade name, if any).  Name	exclusions set forth in the instructions): , or derived income or other economic benefit of  zation represents or is actively seeking to represent.			
(except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.			
(except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organia  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.			
(except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organia  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  S  15. Signature and verification. The undersigned declares, under penalty	acclusions set forth in the instructions):  To derived income or other economic benefit of cation represents or is actively seeking to represent.  To a. Nature of Interest, Transaction, or Income.  To b. Amount.  Signature  To private and other applicable penalties of the law, that all of the information canying documents) has been examined by the signatory and is to the best of the law.			
(except as specified in the e  A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organia  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  S  15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp	acclusions set forth in the instructions):  To derived income or other economic benefit of cation represents or is actively seeking to represent.  To a. Nature of Interest, Transaction, or Income.  To b. Amount.  Signature  To private and other applicable penalties of the law, that all of the information canying documents) has been examined by the signatory and is to the best of the law.			

Name of Person Filing Frank Petkiewich	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:		=		
Name New England Carpenters Training Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 13 Holman Road  City Millbury  State Massachusetts ZIP Code + 4 01527	a. Labor Organization b. Trust c. Employer				
10 If 9 h or 9 c is checked give trust or employer's name	11.a. Nature of such dealing.				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Union negotiated c requires employers	ollection bargain			
Street	11.b. Approximate dollar value of such dealing. \$328,967				
City			\$328,967		
State ZIP Code + 4	12.a. Nature of interest held or income received.  Full time instructor for Apprentice Training  Wages & Benefits \$ 98,459  Apprentice Contest-lodging 5/6-8/04 326				
	12.b. Amount. \$98,785				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name			ACTIVITY ALL WAS		
P.O. Box, Bldg., Room No., if any					
	w				
Street	erer months or months		Action Street		
City			The Control of the Co		

## Frank Petkiewich 67 Moreland Street Winterhill, MA 02145

Re: LM-30

To Whom It May Concern:

## DISCLAIMER

The transactions and income received as detailed in Section 12 of the attached Form LM-30 represent my good faith effort to reconstruct reportable occurrences from January 1, 2004 to December 31, 2004. I did not maintain records of reportable occurrences during 2004, and it is possible that some reportable items may have been unintentionally omitted. If I subsequently learn of a transaction or interest that should have been reported for that time period, I will file an amended form LM-30.

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Date: 8/12/05